

EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

In re:

**USG CORPORATION,
a Delaware corporation, et al.,**

Debtors.

Chapter 11

**Jointly Administered
Case No. 01-2094 (JKF)**

USG CORPORATION, et al.,

Movant

v.

**OFFICIAL COMMITTEE OF ASBESTOS PERSONAL
INJURY CLAIMANTS, OFFICIAL COMMITTEE OF
UNSECURED CREDITORS, OFFICIAL
COMMITTEE OF ASBESTOS PROPERTY
DAMAGE CLAIMANTS AND LEGAL
REPRESENTATIVE FOR FUTURE CLAIMANTS,**

**Civil Action No. 04-1559 (JFC)
Civil Action No. 04-1560 (JFC)**

Respondents.

**DEBTORS' STANDARD QUESTIONNAIRE TO
SELECT PERSONAL INJURY ASBESTOS CLAIMANTS**

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Answer separately and truthfully in writing each of the questions in this Questionnaire in accordance with the Questionnaire's Definitions and Instructions. Read the entire Questionnaire carefully before completing it. Your completed Questionnaire and all attachments must be received by Rust Consulting, Inc. by January 9, 2006. Make sure that you and your attorney, if you have one, sign the last page of the Questionnaire under oath. Completion of this Questionnaire is mandatory under Federal Rules of Civil Procedure, Rules 26 and 33, made applicable to this proceeding by Federal Rules of Bankruptcy Procedure 7026 and 7033.

DEFINITIONS

The words in CAPITALS in the Questionnaire are defined as follows:

1. The INJURED PARTY is the person who allegedly has or had a medical condition caused by asbestos exposure, including but not limited to MESOTHELIOMA, LUNG CANCER, OTHER CANCER, PLEURAL PLAQUES, DIFFUSE PLEURAL THICKENING, ASBESTOSIS, or other non-malignant asbestos-related condition.
2. The PERSONAL REPRESENTATIVE OF THE INJURED PARTY is the person or entity that is filing the claim on behalf of the INJURED PARTY if the INJURED PARTY is legally incompetent or deceased. This person or entity may be, for example, the INJURED PARTY's legal guardian, executor, or administrator. This person or entity is not the attorney representing the INJURED PARTY or the attorney representing the PERSONAL REPRESENTATIVE OF THE INJURED PARTY.
3. The CLAIMANT is either the INJURED PARTY or, if the INJURED PARTY is legally incompetent or deceased, the PERSONAL REPRESENTATIVE OF THE INJURED PARTY.
4. DEBTORS are any or all of the following corporations: USG Corporation, United States Gypsum Company, USG Interiors, Inc., USG Interiors International, Inc., L&W Supply Corporation, Beadex Manufacturing, LLC, B-R Pipeline Company, La Mirada Products Co., Inc., USG Industries, Inc., USG Pipeline Company, and Stocking Specialists, Inc.
5. US GYPSUM is United States Gypsum Company. For a description of the businesses of US GYPSUM and other DEBTORS and a listing of the types of products they manufactured or sold that may have contained asbestos, see Appendix B to this Questionnaire.
6. PLEURAL PLAQUES is a non-malignant, circumscribed or localized area of fibrous material appearing in the lining of the lung or the chest wall.
7. DIFFUSE PLEURAL THICKENING is a diffuse (as opposed to circumscribed or localized) area of fibrosis appearing in the lining of the lung or the chest wall.
8. ASBESTOSIS is diffuse fibrosis (or scarring) on both lungs caused by the inhalation of asbestos fibers.
9. LUNG CANCER is a malignant tumor of the lungs.
10. MESOTHELIOMA is a malignant tumor of the pleura, which is the thin membrane or lining surrounding the lung (pleural mesothelioma). It may also be a malignant tumor of the lining of the abdominal cavity (peritoneal mesothelioma).
11. OTHER CANCER is any cancer other than LUNG CANCER or MESOTHELIOMA and includes but is not limited to colon cancer, laryngeal (voicebox) cancer, esophageal cancer, pharyngeal (throat) cancer, stomach cancer, breast cancer, ovarian cancer, liver cancer, brain cancer, lymphoma (cancer of the lymph nodes (or tissues)), and prostate cancer.
12. FORCED VITAL CAPACITY (FVC) describes the total amount of air that can be forcibly and quickly exhaled after inhaling as much air as possible.
13. FORCED EXPIRATORY VOLUME (FEV₁) describes the volume of air that can be forced from the lungs in one second of effort.
14. TOTAL LUNG CAPACITY (TLC) represents the total amount of air that can be taken into the lungs, including the air that cannot be exhaled.
15. DIFFUSION CAPACITY (DLCO or D_{co}) measures the exchange of oxygen from the air to the blood stream.

INSTRUCTIONS

1. Read carefully the entire Questionnaire and the Definitions and Instructions before completing the Questionnaire. It is important to read the entire Questionnaire at least once before completing it because you may need to photocopy some sections prior to filling them out so that you can submit multiple copies of the sections. See Instruction No. 4, below.
2. Type or print your answers to each question neatly and legibly using black or blue ink. Use capital letters and avoid contact with the edge of the character boxes. Mark check boxes with an "X" (example at right). Do not use a felt-tip pen, do not write outside the boxes or blocks, and do not bend or fold the pages of the Questionnaire. Do not distribute this Questionnaire to others for their completion because each Questionnaire has a unique identifying number for each CLAIMANT.
3. Be complete, accurate, and truthful in your answers to the questions asked. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for knowingly and fraudulently making a false statement under penalty of perjury is a fine of up to \$500,000 or imprisonment for up to five years, or both.
4. If you cannot fit all information in any particular section or page, make a copy of that page before filling it out and add the necessary information to the copied page(s). Attach as many additional pages as needed.
5. If the INJURED PARTY is deceased, submit a copy of the death certificate with the Questionnaire. If this Questionnaire is being filed by the PERSONAL REPRESENTATIVE OF THE INJURED PARTY, submit with the Questionnaire written evidence of your authority to act on behalf of the INJURED PARTY.
6. Submit with the Questionnaire copies of the following medical documents:
 - A. If in Part 2 you state that the INJURED PARTY has been diagnosed with MESOTHELIOMA, submit a copy of a narrative statement from a diagnosing physician that shows the alleged diagnosis.
 - B. If in Part 2 you state that the INJURED PARTY has been diagnosed with LUNG CANCER or OTHER CANCER, submit copies of any and all physical exam results, pathology reports, and diagnostic tests or reports that support or conflict with the alleged diagnosis. In addition, submit copies of any and all written statements by a doctor or medical clinic regarding the cause or potential cause of the alleged diagnosis.
 - C. If in Part 2 you state that the INJURED PARTY has been diagnosed with PLEURAL PLAQUES, DIFFUSE PLEURAL THICKENING, ASBESTOSIS, or another non-malignant asbestos-related condition, submit copies of any and all medical reports and records that support, conflict with, or otherwise relate to the alleged diagnosis, including but not limited to:
 - Physical exam results;
 - Pathology reports;
 - Diagnostic tests or reports;
 - Laboratory tests;
 - Letters or other written statements from a doctor or medical clinic;
 - Radiographic evaluations, such as x-rays or CT Scans;
 - Pulmonary function test (PFT) reports, including:
 - Spirogram tracings;
 - FORCED VITAL CAPACITY (FVC);
 - FORCED EXPIRATORY VOLUME (FEV1);
 - TOTAL LUNG CAPACITY (TLC);
 - DIFFUSION CAPACITY (DLCO or D_{co});
 - Written statements by a doctor or medical clinic regarding the cause or potential cause of the alleged diagnosis.

If in Part 2 you allege multiple diagnoses, submit copies of all medical documents required for each and every diagnosis that you allege.
7. If the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY responded to interrogatories or was deposed in a lawsuit filed by or on behalf of the INJURED PARTY for asbestos-related personal injury, submit with the Questionnaire copies of any and all such interrogatory responses and depositions. If a written claim, including but not limited to a proof of claim form, was submitted by or on behalf of the INJURED PARTY for asbestos-related personal injury in another bankruptcy case or against a trust established pursuant to a plan of reorganization or liquidation in another bankruptcy case, submit with the Questionnaire copies of any and all such written claims. See Part 8 of the Questionnaire.
8. If in Part 4 you identify a co-worker or other person upon whom you rely for your belief that the INJURED PARTY was exposed to an asbestos-containing product of US GYPSUM or another DEBTOR, and if that co-worker or other person was deposed in any asbestos-related personal injury action, submit with the Questionnaire copies of any and all such depositions. See Part 4 of the Questionnaire.

9. In Parts 4-7 of the Questionnaire, you are asked to provide Standard Occupational Classification Codes and Standard Industrial Classification Codes. For a list of these codes, refer to Appendices C and D, respectively, to the Questionnaire.
10. Instead of originals, you may submit photocopies of any and all documents that the Questionnaire requires. DEBTORS will reimburse your reasonable expenses incurred in copying documents that you submit. In Part 10, indicate the documents for which you seek reimbursement and the total amount of the reimbursement you seek. Attach to this Questionnaire a receipt that shows the copy costs you incurred. Upon request, DEBTORS may have access to the original of any document that you submit. Original documents provided to DEBTORS will be returned within a reasonable time after their professionals and experts have reviewed the documents.
11. Make sure that the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY completes and signs the Authorization for Release of Earnings Information and Employment Records From the Social Security Administration contained in Appendix A. You do not need to complete the Request for Social Security Earnings Information Form (Form SSA-7050-F4) that is included in Appendix A with the Authorization. This form is only for your reference. You need only complete and return the Authorization on the first page of Appendix A.
12. Make sure that the CLAIMANT and the attorney of the CLAIMANT, if any, signs the Questionnaire. Make a copy of your completed Questionnaire for your records and submit the original Questionnaire and all supporting documentation to the following address:

If by mail:

Rust Consulting, Inc. Return Address
 P.O. Box XXXX
 Faribault, MN 55021-XXXX

If by hand or overnight delivery:

Rust Consulting, Inc.
 201 S. Lyndale Ave.
 Faribault, MN 55021

Your completed Questionnaire and all supporting documentation must be received by Rust Consulting, Inc. by January 9, 2006. Do not submit your Questionnaire by facsimile, telecopy, or other electronic transmission. Do not send your Questionnaire to DEBTORS or DEBTORS' counsel.

PART 1: IDENTIFYING INFORMATION

Provide identifying information regarding the INJURED PARTY, the PERSONAL REPRESENTATIVE OF THE INJURED PARTY, and the CLAIMANT'S attorney, if any.

A. INJURED PARTY – the person who allegedly has or had a medical condition caused by asbestos exposure.

1. Full Name:										
Last										
First										
										MI

2. Other Names Used:	<input type="text"/>											
(including maiden name)	Last											
	<input type="text"/>											
	First											<input type="text"/>
												MI

3. Social Security Number: - -

4. Gender: Male Female

5. Date of Birth: / /
Month Day Year

6. The Injured Party is: Living Deceased (If deceased, enclose the death certificate.)

a. If deceased, date of death: / /
 Month Day Year

b. If deceased, was death asbestos-related? Yes No

7. If the INJURED PARTY is living, provide that person's mailing address:

PART 2: ASBESTOS-RELATED AND OTHER INJURIES

Provide information about the INJURED PARTY's asbestos-related personal injury.

1. Has the INJURED PARTY been diagnosed with cancer? Yes No

2. If "Yes," identify the type of cancer that was diagnosed for the INJURED PARTY and the date of diagnosis. Refer to the definitions of LUNG CANCER, MESOTHELIOMA, and OTHER CANCER on page 1 of this Questionnaire.

LUNG CANCER

Date of Diagnosis:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Year

MESOTHELIOMA

Date of Diagnosis:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Year

OTHER CANCER

Date of Diagnosis:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Year

If OTHER CANCER, identify what type.

3. a. Has the doctor who made the diagnosis of cancer stated that the cancer in question was caused by asbestos exposure? Yes No
- b. Has any doctor stated that the cancer in question was caused by asbestos exposure or that asbestos exposure was a substantial contributing factor in the cause of the disease? Yes No
4. Has the INJURED PARTY been diagnosed with a non-malignant asbestos-related condition? Yes No
5. If "Yes," identify the type of non-malignant asbestos-related condition that was diagnosed for the INJURED PARTY and the date of diagnosis. Refer to the definitions of PLEURAL PLAQUES, DIFFUSE PLEURAL THICKENING, and ASBESTOSIS on page 1 of this Questionnaire.

PLEURAL PLAQUES

Date of Diagnosis:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Year

DIFFUSE PLEURAL THICKENING

Date of Diagnosis:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Year

ASBESTOSIS

Date of Diagnosis:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Year

Other Non-Malignant

Asbestos-Related Condition

Date of Diagnosis:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Year

If Other Non-Malignant Asbestos-Related Condition, identify what type.

PART 2: ASBESTOS-RELATED AND OTHER INJURIES (Continued)

6. a. Has the doctor who made the diagnosis of non-malignant asbestos-related condition stated that the condition in question was caused by asbestos exposure? Yes No
- b. Has any doctor stated that the non-malignant asbestos-related condition in question was caused by asbestos exposure or that asbestos exposure was a substantial contributing factor in the cause of the condition? Yes No
7. a. Has the INJURED PARTY taken a pulmonary function test (PFT)? Yes No Do Not Know
- b. If "Yes," provide all of the following information regarding the INJURED PARTY's most recent pulmonary function test (PFT) results.

FORCED VITAL CAPACITY (FVC):

Test Date:

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 Result:

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 L % of Predicted:

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%
Month Day Year

FORCED EXPIRATORY VOLUME (FEV₁):

Test Date:

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 Result:

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 L % of Predicted:

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%
Month Day Year

TOTAL LUNG CAPACITY (TLC):

Test Date:

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 Result:

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 L % of Predicted:

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%
Month Day Year

DIFFUSION CAPACITY (DLCO or D_{CO}):

Test Date:

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 Result:

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 L % of Predicted:

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%
Month Day Year

8. a. Has the INJURED PARTY had an ILO reading of a chest x-ray? Yes No Do Not Know

- b. If "Yes," provide information regarding the INJURED PARTY's most recent ILO x-ray reading.

Reading Date:

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 Results:

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9. a. Has the INJURED PARTY been diagnosed with any other lung condition? Yes No

Another lung condition includes but is not limited to:

- (i) chronic obstructive pulmonary disease (including emphysema and chronic bronchitis),
- (ii) asthma,
- (iii) pneumonia,
- (iv) interstitial lung disease (idiopathic pulmonary fibrosis),
- (v) silicosis,
- (vi) effusion (fluid around the lung (pleural cavity)), and
- (vii) congestive heart failure (fluid in the lung) (lung edema).

- b. If "Yes," identify the other lung condition.

10. If in Part 2, Question 2, you allege that the INJURED PARTY has been diagnosed with MESOTHELIOMA, complete this question. Otherwise, continue to Question 11.

Attach to this Questionnaire a copy of a narrative statement from a diagnosing physician that shows the alleged MESOTHELIOMA diagnosis, and provide the following information regarding the diagnosing physician.

a. Doctor's Name:

Last

First

MI

b. Doctor's Address:

Street/P.O. Box

PART 2: ASBESTOS-RELATED AND OTHER INJURIES (Continued)

11. If in Part 2, Question 2, you allege that the INJURED PARTY has been diagnosed with LUNG CANCER or OTHER CANCER, complete this question. Otherwise, continue to Question 12.

Attach to this Questionnaire copies of all medical documents identified in Instruction 6, subsection B. See page 2 of the Questionnaire.

Provide the following information regarding the INJURED PARTY's doctor(s). If you allege that the INJURED PARTY has been diagnosed with both LUNG CANCER and OTHER CANCER, or with more than one type of OTHER CANCER, photocopy this section and complete it for each alleged diagnosis.

A. For the doctor who made the alleged diagnosis of LUNG CANCER or OTHER CANCER:

a. Doctor's Name:												
	Last											
	First											

b. Doctor's Address:	<input type="text"/>										
	Street/P.O. Box										
	<input type="text"/>										
	City					State			Zip		

c. Doctor's Diagnosis: LUNG CANCER OTHER CANCER, Identify what type:

B. For the doctor, if any, who issued the most recent pathology report regarding the alleged diagnosis:

a. Doctor's Name:												
	Last											
	First											

12. If in Part 2, Question 2, you allege that the Injured Party has been diagnosed with PLEURAL PLAQUES, DIFFUSE PLEURAL THICKENING, ASBESTOSIS, or another non-malignant asbestos-related condition, complete this question. Otherwise, continue to the Part 3.

Attach to this Questionnaire copies of all medical documents identified in Instruction 6, subsection C. See page 2 of the Questionnaire.

Provide the following information regarding the INJURED PARTY's doctor(s). If you allege that the INJURED PARTY has been diagnosed with more than one non-malignant asbestos-related condition, photocopy this section and complete it for each alleged diagnosis.

A. For the doctor who made the alleged diagnosis of PLEURAL PLAQUES, DIFFUSE PLEURAL THICKENING, ASBESTOSIS, or another non-malignant asbestos-related condition:

a. Doctor's Name:												
	Last											
	First						Middle Initial					

b. Doctor's Address:	<input type="text"/>										
	Street/P.O. Box										
	<input type="text"/>										
	City					State			Zip		

c. Doctor's Diagnosis:

PLEURAL PLAQUES DIFFUSE PLEURAL THICKENING ASBESTOSIS

Other Non-Malignant Asbestos-Related Condition, Specify:
[Form Field]

PART 3: SMOKING HISTORY OF THE INJURED PARTY

If in Part 2, you allege that the INJURED PARTY has been diagnosed with MESOTHELIOMA, continue to Part 4. Otherwise, complete this Part.

1. Has the INJURED PARTY ever smoked cigarettes, cigars, or pipes? Yes No

Mark the box(es) that apply and provide the information requested.

Cigarettes:	<input type="checkbox"/>
Cigars:	<input type="checkbox"/>
Pipes:	<input type="checkbox"/>

Age When First Started Smoking	Date, If Any, When Completely Stopped Smoking		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Age Started	Month		Year
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Age Started	Month		Year
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Age Started	Month		Year

Average Daily Usage			
Packs per Day:	<input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/> *
(#)			
Cigars per Day:	<input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/> *
(#)			
Pipes per Day:	<input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/> *
(#)			

2. Has the INJURED PARTY ever used chewing tobacco or snuff? Yes No

Mark the box(es) that apply and provide the information requested.

Chewing Tobacco:	<input type="checkbox"/>
Snuff:	<input type="checkbox"/>

Age When First Started Using	Date, If Any, When Completely Stopped Using		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Age Started	Month		Year
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Age Started	Month		Year

Average Daily Usage			
Number of Times per Day:	<input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/> *
(#)			
Number of Times per Day:	<input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/> *
(#)			

* Indicate fractional amounts as appropriate, e.g., three and one-half would be entered as 3.5.

**PART 4: OCCUPATIONAL EXPOSURE TO PRODUCTS OF UNITED STATES GYPSUM COMPANY
OR ANY OTHER DEBTOR**

Provide information about the INJURED PARTY's occupational exposure to asbestos-containing products that were manufactured or sold by US GYPSUM or any other DEBTOR. In Appendix B to the Questionnaire, you will find a description of the businesses of US GYPSUM and other DEBTORS and a listing of the types of products they manufactured or sold that may have contained asbestos.

1. Did the INJURED PARTY have occupational exposure to an asbestos-containing product manufactured or sold by US GYPSUM or another DEBTOR?

Yes No

If "Yes," complete the remainder of this Part as instructed.

If "No," continue to Part 5.

2. Did the INJURED PARTY have occupational exposure to more than one asbestos-containing product manufactured or sold by US GYPSUM or another DEBTOR?

Yes No

If "Yes," photocopy this Part and complete the Part for each product.

3. Product Exposed To:

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(one product per page)

Brand Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer of Product:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

What is the basis for your belief that the exposure was to a DEBTOR's product and not to another manufacturer's?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Personal Recollection Other, Specify: _____

If you rely on a co-worker of the INJURED PARTY or on another person for your belief that the INJURED PARTY was exposed to a DEBTOR's product, provide that person's name:

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Last

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First

MI

If you rely on a co-worker or other person, has this person been deposed in any asbestos-related personal injury action?

Yes No

If the co-worker or other person has been deposed, attach to this Questionnaire a copy of any and all such depositions.

4. Was the INJURED PARTY exposed to the product in more than one occupation? (Use the Standard Occupational Classification Codes listed in Appendix C.)

Yes No

If "Yes," photocopy this Part and complete the Part for each occupation.

5. Occupation during exposure:
(Use the Standard Occupational Classification Codes listed in Appendix C.)

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Specify if "Other": _____

6. Industry during exposure:
(Use the Standard Industrial Classification Codes listed in Appendix D.)

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Specify if "Other": _____

**PART 4: OCCUPATIONAL EXPOSURE TO PRODUCTS OF UNITED STATES GYPSUM COMPANY
OR ANY OF THE DEBTORS (Continued)**

7. Provide the date range and frequency of product exposure in the listed occupation and industry. If exposure was not continuous in the listed occupation and industry, provide all separate date ranges and frequencies of exposure. Start with the first date range of exposure and finish with the last date range of exposure. If there are more than four date ranges of exposure, photocopy this section before completing it and attach additional pages.

For each date range of exposure, describe the exposure type as A, B, C, or D as follows:

The INJURED PARTY was:

- (A) a worker who personally worked with the product identified in Question 3 of this Part;
- (B) a worker in a room where other workers were personally working with the product identified in Question 3 of this Part;
- (C) a worker on a floor where other workers were personally working with the product identified in Question 3 of this Part; or
- (D) a worker at a site where other workers were personally working with the product identified in Question 3 of this Part.

Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category. The best category is the INJURED PARTY's most typical or most usual form of exposure during the date range at issue.

Date Range of Exposure: From: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Month _____ Year _____ To: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Month _____ Year _____													Exposure Type: Indicate A, B, C or D per Instructions above. <input type="checkbox"/>	Frequency of Exposure During this Date Range: (Answer both items below.) Day(s) per Month: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> Hour(s) per Day: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
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8. Description of the INJURED PARTY's job duties:

--

9. Description of how the product identified in Question 3 of this Part was used at the site(s):

--

10. If the exposure(s) listed in response to the above questions was/were at a construction site, state the percentage of time such exposure(s) occurred at residential and commercial sites:

Residential:

 % Commercial:

 % = 100 %

PART 5: OCCUPATIONAL EXPOSURE TO OTHER ASBESTOS-CONTAINING PRODUCTS

Provide information about the INJURED PARTY's occupational exposure to asbestos-containing products that were not manufactured or sold by US GYPSUM or another DEBTOR.

1. Did the INJURED PARTY have occupational exposure to an asbestos-containing product that was not manufactured or sold by US GYPSUM or another DEBTOR?

Yes **No**

If "Yes," complete the remainder of this Part as instructed.

If “No,” continue to Part 6.

- 2. Did the INJURED PARTY have occupational exposure to more than one asbestos-containing product that was not manufactured or sold by US GYPSUM or another DEBTOR?**

Yes **No**

If "Yes," photocopy this Part and complete the Part for each product.

- ### **3. Product Exposed To:**

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

(one product per page)

Brand Name:

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Manufacturer of Product:

For more information about the study, please contact Dr. Michael J. Hwang at (310) 206-6500 or via email at mhwang@ucla.edu.

4. Was the INJURED PARTY exposed to the product in more than one occupation? (Use the Standard Occupational Classification Codes listed in Appendix C.)

Yes **No**

If "Yes," photocopy this Part and complete the Part for each occupation.

- #### **5. Occupation during exposure:**

**(Use the Standard Occupational Classification
Codes listed in Appendix C.)**

--	--	--

Specify if “Other”:

--

If the INJURED PARTY was exposed to the Product in more than one occupation, photocopy this Part and complete the Part for each occupation.

- #### **6. Industry during exposure:**

**(Use the Standard Industrial Classification
Codes listed in Appendix D.)**

ANSWER

Specify if “Other”:

ANSWER

PART 5: OCCUPATIONAL EXPOSURE TO OTHER ASBESTOS-CONTAINING PRODUCTS (Continued)

7. Provide the date range and frequency of product exposure in the listed occupation and industry. If exposure was not continuous in the listed occupation and industry, provide all separate date ranges and frequencies of exposure. Start with the first date range of exposure and finish with the last date range of exposure. If there are more than four date ranges of exposure, photocopy this section before completing it and attach additional pages.

For each date range of exposure, describe the exposure type as A, B, C, or D as follows:

The INJURED PARTY was:

- (A) a worker who personally worked with the product identified in Question 3 of this Part;
- (B) a worker in a room where other workers were personally working with the product identified in Question 3 of this Part;
- (C) a worker on a floor where other workers were personally working with the product identified in Question 3 of this Part; or
- (D) a worker at a site where other workers were personally working with the product identified in Question 3 of this Part.

Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category. The best category is the INJURED PARTY's most typical or most usual form of exposure during the date range at issue.

Date Range of Exposure: From: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Month _____ Year _____ To: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Month _____ Year _____													Exposure Type: Indicate A, B, C or D per Instructions above. <input type="checkbox"/>	Frequency of Exposure During this Date Range: (Answer both items below.) Day(s) per Month: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> Hour(s) per Day: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>				
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8. Description of the INJURED PARTY's job duties:

--

9. Description of how the product identified in Question 3 of this Part was used at the site(s):

--

10. If the exposure(s) listed in response to the above questions was/were at a construction site, state the percentage of time such exposure(s) occurred at residential and commercial sites:

Residential:

--	--	--

 % Commercial:

--	--	--

 % = 100 %

PART 6: OCCUPATIONAL HISTORY

Provide the complete occupational history of the INJURED PARTY in chronological order, starting with the INJURED PARTY's earliest employer. Include all jobs in which the INJURED PARTY worked at least a month, including any summer jobs, and conclude with any current employment. For Occupation Codes, use the Standard Occupational Classification Codes listed in Appendix C. For Industry Codes, use the Standard Industrial Classification Codes listed in Appendix D. If the INJURED PARTY has had more jobs than can fit on this page, photocopy the page before filling it out as many times as needed and complete the additional pages.

1. Employer Name:

Employer Address:

Street

City

State

Zip

Dates Worked:

From: / To: /
Month Year Month Year

Occupation Code: Specify if "Other":

Industry Code: Specify if "Other":

2. Employer Name:

Employer Address:

Street

City

State

Zip

Dates Worked:

From: / To: /
Month Year Month Year

Occupation Code: Specify if "Other":

Industry Code: Specify if "Other":

3. Employer Name:

Employer Address:

Street

City

State

Zip

Dates Worked:

From: / To: /
Month Year Month Year

Occupation Code: Specify if "Other":

Industry Code: Specify if "Other":

PART 7: OTHER EXPOSURE TO ASBESTOS

1. a. Was the INJURED PARTY exposed to asbestos outside the INJURED PARTY's occupation?

Yes **No**

- b. Was the INJURED PARTY exposed to asbestos through another person (the "Source Individual")?

Yes **No**

If you checked "Yes" to either Question 1(a) or Question 1(b), answer Questions 2 through 4. If you checked "Yes" to Question 1(b), additionally answer Questions 5 through 15.

2. Was the INJURED PARTY exposed to more than one asbestos-containing product outside the INJURED PARTY's occupation or through a Source Individual?

Yes **No**

If "Yes," photocopy this Part and complete the Part for each product.

- ### **3. Product Exposed To:**

(either directly or through Source Individual)

Brand Name:

Manufacturer of Product:

What is the basis for your belief that the exposure was to a DEBTOR's product and not to another manufacturer's?

Personal Recollection **Other, Specify:**

If you rely on another person for your belief that the INJURED PARTY was exposed to a DEBTOR's product, provide that person's name:

Last

First

MI

If you rely on another person, has this person been deposed in any asbestos-related personal injury action?

Yes **No**

If the other person has been deposed, attach to this Questionnaire a copy of any and all such depositions.

PART 7: OTHER EXPOSURE TO ASBESTOS (Continued)

4. Provide the date range and frequency of the INJURED PARTY's product exposure (either direct or through the Source Individual). If exposure was not continuous, provide all separate date ranges and frequencies of exposure. Start with the first date range of exposure and finish with the last date range of exposure. If there are more than four date ranges of exposure, photocopy this section before completing it and attach additional pages.

Date Range of Exposure:

From: /
Month Year

To: /
Month Year

Frequency of Exposure During this Date Range:
(Answer both items below.)

Date Range of Exposure:

Frequency of Exposure During this Date Range:
(Answer both items below.)

Date Range of Exposure:

From: /
Month Year

To: /
Month Year

Frequency of Exposure During this Date Range:
(Answer both items below.)

Date Range of Exposure:

Frequency of Exposure During this Date Range:
(Answer both items below.)

- 5. Source Individual's Name (if you checked "Yes" to Question 1(b)):**

Last

Last

First MI

1

MI

6. Was the Source Individual exposed to the product in more than one occupation? (Use the Standard Occupational Classification Codes listed in Appendix C.)

Yes **No**

- 7. Source Individual's occupation during exposure:
(Use Standard Occupational Classification Codes
listed in Appendix C.)**

Specify if "Other":

- 8. Source Individual's industry during exposure:
(Use the Standard Industrial Classification Codes
listed in Appendix D.)**

PART 7: OTHER EXPOSURE TO ASBESTOS (Continued)

9. Provide the date range and frequency of the Source Individual's product exposure in the listed occupation and industry. If the Source Individual's exposure was not continuous in the listed occupation and industry, provide all separate date ranges and frequencies of exposure. Start with the first date range of exposure and finish with the last date range of exposure. If there are more than four date ranges of exposure, photocopy this section before completing it and attach additional pages.

For each date range of exposure, describe the exposure type as A, B, C, or D as follows:

The Source Individual was:

- (A) a worker who personally worked with the product identified in Question 3 of this Part;
- (B) a worker in a room where other workers were personally working with the product identified in Question 3 of this Part;
- (C) a worker on a floor where other workers were personally working with the product identified in Question 3 of this Part; OR
- (D) a worker at a site where other workers were personally working with the product identified in Question 3 of this Part.

Choose the category that best describes the Source Individual's type of exposure and choose only one category. The best category is the Source Individual's most typical or most usual form of exposure during the date range at issue.

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10. Source Individual's Social Security Number:

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 -

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11. Source Individual's Gender: Male Female

12. Source Individual's Date of Birth:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

PART 7: OTHER EXPOSURE TO ASBESTOS (Continued)

13. If the Source Individual is living, provide that person's mailing address:

Street/P.O. Box

City

State

Zip

14. Source Individual's Relationship to INJURED PARTY:

The INJURED PARTY is the Source Individual's:

(Spouse, Son, Daughter, etc.)

PART 8: THE INJURED PARTY'S LAWSUITS AND BANKRUPTCY CLAIMS (Continued)

A. LAWSUITS (Continued)

11. a. Was a settlement agreement reached in this lawsuit?

Yes **No**

b. If "Yes," with what defendant(s) and in what amount(s)? If against more than five defendants, photocopy this question before completing it and complete it for all defendants with whom a settlement was reached.

Defendant	\$	Amount

c. If a settlement agreement was reached with US GYPSUM or another DEBTOR, have any settlement amounts been paid?

Yes **No**

d. If "Yes," by what DEBTOR(s) and in what amount(s)? If by more than two DEBTORS, photocopy this question before completing it and complete it for all DEBTORS who paid a settlement amount.

PART 8: THE INJURED PARTY'S LAWSUITS AND BANKRUPTCY CLAIMS (Continued)

B. BANKRUPTCY CLAIMS

1. Has a claim been submitted by or on behalf of the INJURED PARTY for an asbestos-related personal injury in another bankruptcy case ("Other Bankruptcy") or against a trust established pursuant to a plan of reorganization or liquidation in another bankruptcy case ("Bankruptcy Trust")?

Yes **No**

If "Yes," complete the remainder of Part 8.B as instructed.

If “No,” continue to Part 9.

2. Has more than one bankruptcy claim been filed by or on behalf of the INJURED PARTY for an asbestos-related personal injury?

Yes **No**

If "Yes," photocopy Part 8.B and complete the Part for each bankruptcy claim filed.

- 3. Other Bankruptcy or Bankruptcy Trust in which the claim was submitted:**

4. Date the claim was submitted: / /
 Month Day Year

5. Description of the claim:

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at john.smith@researchinstitute.org.

6. Did the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY submit any written claim, including but not limited to a proof of claim form, in the Other Bankruptcy or against the Bankruptcy Trust?

Yes **No**

If "Yes," attach to this Questionnaire a copy of any and all such written claims.

- 7. a. Was the claim paid?**

Yes **No**

- b. If “Yes,” the payment amount:**

\$.

- 8. a. Was the claim dismissed or otherwise disallowed or not honored?**

Yes **No**

- b. If “Yes,” the basis for disallowance:**

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at john.smith@researchinstitute.org.

PART 9: THE SOURCE INDIVIDUAL'S LAWSUITS AND BANKRUPTCY CLAIMS (Continued)

A. LAWSUITS (Continued)

11. a. Was a settlement agreement reached in this lawsuit? Yes No

b. If "Yes," with what defendant(s) and in what amount(s)? If against more than five defendants, photocopy this question before completing it and complete it for all defendants with whom a settlement was reached.

c. If a settlement agreement was reached with US GYPSUM or another DEBTOR, have any settlement amounts been paid?

Yes **No**

d. If "Yes," by what DEBTOR(s) and in what amount(s)? If by more than two DEBTORS, photocopy this question before completing it and complete it for all DEBTORS who paid a settlement amount.

PART 9: THE SOURCE INDIVIDUAL'S LAWSUITS AND BANKRUPTCY CLAIMS (Continued)**B. BANKRUPTCY CLAIMS**

1. Has a claim been submitted by or on behalf of the Source Individual for an asbestos-related personal injury in another bankruptcy case ("Other Bankruptcy") or against a trust established pursuant to a plan of reorganization or liquidation in another bankruptcy case ("Bankruptcy Trust")?

Yes No

If "Yes," complete the remainder of Part 9.B as instructed.

If "No," continue to Part 10.

2. Has more than one bankruptcy claim been filed by or on behalf of the Source Individual for an asbestos-related personal injury?

Yes No

3. Other Bankruptcy or Bankruptcy Trust in which the claim was submitted:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Date the claim was submitted: / /
Month Day Year

5. Description of the claim:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Did the Source Individual submit any written claim, including but not limited to a proof of claim form, in the Other Bankruptcy or against the Bankruptcy Trust?

Yes No

If "Yes," attach to this Questionnaire a copy of any and all such written claims.

7. a. Was the claim paid?

Yes No

- b. If "Yes," the payment amount:

\$.

8. a. Was the claim dismissed or otherwise disallowed or not honored?

Yes No

- b. If "Yes," the basis for disallowance:

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PART 10: CERTIFICATION THAT INFORMATION IS TRUE AND COMPLETE

Make sure that this Questionnaire is certified as true and complete by the CLAIMANT and by any attorney that the CLAIMANT has. Both the CLAIMANT (either the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY) and any attorney for the CLAIMANT must sign below.

1. Use the checklist below to indicate which document(s) you are submitting with this Questionnaire and which you seek reimbursement for. DEBTORS will reimburse your reasonable expenses incurred in copying documents that you submit. Attach to this Questionnaire a receipt that shows the copy costs you incurred.

<input type="checkbox"/> Medical reports or records regarding a diagnosis alleged in Part 2	<input type="checkbox"/> Copy costs sought
<input type="checkbox"/> Responses to interrogatories in lawsuits indicated in Parts 8 or 9	<input type="checkbox"/> Copy costs sought
<input type="checkbox"/> Radiographic evaluations, such as x-rays or CT scans	<input type="checkbox"/> Copy costs sought
<input type="checkbox"/> Depositions in lawsuits indicated in Parts 4, 8, or 9	<input type="checkbox"/> Copy costs sought
<input type="checkbox"/> Pulmonary function test (PFT) reports, including spirogram tracings, FORCED VITAL CAPACITY (FVC), FORCED EXPIRATORY VOLUME (FEV ₁), TOTAL LUNG CAPACITY (TLC), and DIFFUSION CAPACITY (DLCO OR D _{co})	<input type="checkbox"/> Copy costs sought
<input type="checkbox"/> Written claims, including proof of claim forms, in another bankruptcy or against a bankruptcy trust indicated in Parts 8 or 9	<input type="checkbox"/> Copy costs sought
<input type="checkbox"/> Written evidence of the authority of the PERSONAL REPRESENTATIVE OF THE INJURED PARTY to act on behalf of the INJURED PARTY (if this Questionnaire is filed by the PERSONAL REPRESENTATIVE)	<input type="checkbox"/> Copy costs sought
<input type="checkbox"/> Death certificate (if the INJURED PARTY is deceased)	<input type="checkbox"/> Copy costs sought

Total amount of copy costs sought:

\$. . . Amount

A receipt showing copy costs is attached.

2. Complete and sign the authorization attached as Appendix A to this Questionnaire authorizing the disclosure and use of the INJURED PARTY's earnings information and employment records from the Social Security Administration.

The executed release is attached.

3. I have reviewed the information submitted on this Questionnaire and all supporting documents submitted with it. I declare, under penalty of perjury, that, to the best of my knowledge, the information submitted is accurate and complete.

/ / /
Month Day Year

(Signature of CLAIMANT)

/ / /
Month Day Year

(Signature of CLAIMANT's attorney, if any)

Review your Questionnaire to ensure that it is true and complete and that you have attached all supporting documentation. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for knowingly and fraudulently making a false statement under penalty of perjury is a fine of up to \$500,000 or imprisonment for up to five years, or both.

APPENDIX A**AUTHORIZATION FOR RELEASE OF EARNINGS INFORMATION AND EMPLOYMENT RECORDS FROM THE SOCIAL SECURITY ADMINISTRATION****AUTHORIZATION:**

I hereby authorize the Social Security Administration to furnish to the law firm of Cooley Godward LLP, its partners, employees and agents ("Cooley Godward"), any and all earnings information and employment records ("SSA Employment Records") pertaining to:

Name: Other Name(s) Used (Including Maiden Name): - -

Social Security Number

 / /

Date of Birth

I hereby further authorize Cooley Godward to prepare and sign a Request for Social Security Earnings Information (Form SSA-7050-F4) on my behalf in order to permit Cooley Godward to request my SSA Employment Records from the Social Security Administration. I acknowledge that I was provided with a blank copy of a Request for Social Security Earnings Information form (Form SSA-7050-F4) for my reference.

AUTHORIZED PERSONS AND ENTITIES:

This release authorizes Cooley Godward to obtain, receive and use my SSA Employment Records in connection with the litigation entitled *In re USG Corporation*, United States District Court for the District of Delaware, Case Nos. 01-02094 (JKF), 04-1559 (JFC) and 04-1560 (JFC) ("USG Litigation").

DURATION:

This authorization shall become effective immediately and shall expire upon final resolution of the USG Litigation identified above.

SIGNATURE:

Signature

 / /

Date

If the Authorization is signed by a Personal Representative of the individual, a description of such representative's authority to act for the individual.

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION***Use This Form If You Need****1. Certified/Non-Certified Detailed Earnings Information**

Includes periods of employment or self-employment and the names and addresses of employers.

OR**2. Certified Yearly Totals of Earnings**

Includes total earnings for each year but does not include the names and addresses of employers.

PRIVACY ACT NOTICE: We are authorized to collect this information under section 205 of the Social Security Act, and the Federal Records Act of 1950 (64 Stat. 583). It is needed so we can identify your records and prepare the statement you request. You do not have to furnish the information, but failure to do so may prevent your request from being processed.

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 11 minutes to read the instructions, gather the necessary facts, and answer the questions.

DO NOT USE THIS FORM FOR:**Non-certified yearly totals of earnings****This service is free to the public.**

These totals can be obtained by calling 1-800-772-1213 to receive Form SSA-7004, Request for Earnings and Benefit Estimate Statement.

INFORMATION ABOUT YOUR REQUEST**• How Do I Get This Information?**

You need to complete the attached form to tell us what information you want.

• Can I Get This Information For Someone Else?

Yes, if you have their written permission. For more information, see page 3.

• Who Can Sign On Behalf Of The Individual?

The parent of a minor child, or the legal guardian of an individual who has been declared legally incompetent, may sign if he/she is acting on behalf of the individual.

• Is There A Fee For This Information?**1. Certified/Non-Certified Detailed Earnings Information**

Yes, we usually charge a fee for detailed information. In most cases, this information is used for purposes NOT directly related to Social Security such as for a private pension plan or personal injury suit. The fee chart on page 3 gives the amount of the charge.

Sometimes, there is no charge for detailed information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us

and it does not agree with your records), we will supply you with more detail for the period in question. Occasionally, earnings amounts are wrong because an employer did not correctly report earnings or earnings are credited to the wrong person. In situations like these, we will send you detailed information, at no charge, so we can correct your record.

Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

We will certify the detailed earnings information for an additional fee of \$15.00. Certification is usually not necessary unless you plan to use the information in court.

2. Certified Yearly Total of Earnings

Yes, there is a fee of \$15 to certify yearly totals of earnings. Certification is usually not necessary unless you plan to use the information in court.

3. Method of Payment

Enclose a check or money order for the entire fee required. Payment can also be made by credit card. To do so, complete page 4 of this form and return it with your request form.

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. From whose record do you need the earnings information?

Print the Name, Social Security Number (SSN), and date of birth below.

Name _____

Social Security
Number _____

Other Name(s) Used
(Include Maiden Name) _____

Date of Birth
(Mo/Day/Yr) _____

2. What kind of information do you need?

- Detailed Earnings Information**
(If you check this block, tell us below
why you need this information.)
For the period(s)/year(s): _____

- Certified Total Earnings For Each Year.**
(Check this box only if you want the information
certified. Otherwise, call 1-800-772-1213 to
request Form SSA-7004, Request for Earnings
and Benefit Estimate Statement)
For the year(s): _____

3. If you owe us a fee for this detailed earnings information, enter the amount due
using the chart on page 3 A. \$ _____

Do you want us to certify the information? Yes No

If yes, enter \$15.00 B. \$ _____

ADD the amounts on lines A and B, and
enter the TOTAL amount C. \$ _____

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
- Send your CHECK or MONEY ORDER for the amount on line C with the request
and make check or money order payable to "Social Security Administration"
- DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here
(Do not print) > _____ Date _____

Daytime Phone Number _____
(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name _____ Address _____

City, State & Zip Code _____

6. Mail Completed Form(s) To: **Exception:** If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration
Division of Earnings Record Operations
P.O. Box 33003
Baltimore Maryland 21290-3003

Social Security Administration
Division of Earnings Record Operations
300 N. Greene St.
Baltimore Maryland 21290-0300

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

How Much Do I Have to Pay For Detailed Earnings?

1. Count the number of years for which you need detailed earnings information. Be sure to add in both the first and last year requested. However, do not add in the current calendar year since this information is not yet available.
2. Use the chart below to determine the correct fee.

Number of Years Requested	Fee	Number of Years Requested	Fee	Number of Years Requested	Fee
1	\$15.00	15	\$43.75	28	\$64.50
2	17.50	16	45.50	29	66.00
3	20.00	17	47.25	30	67.50
4	22.50	18	49.00	31	68.75
5	25.00	19	50.75	32	70.00
6	27.00	20	52.50	33	71.25
7	29.00	21	54.00	34	72.50
8	31.00	22	55.50	35	73.75
9	33.00	23	57.00	36	75.00
10	35.00	24	58.50	37	76.25
11	36.75	25	60.00	38	77.50
12	38.50	26	61.50	39	78.75
13	40.25	27	63.00	40	80.00
14	42.00				

For Requests Over 40 Years, Please Add 1 Dollar for Each Additional Year.

- **Whose Earnings Can Be Requested**

1. **Your Earnings**

You can request earnings information from your own record by completing the attached form; we need your handwritten signature. If you sign with an "X", your mark must be witnessed by two disinterested persons who must sign their name and address.

2. **Someone Else's Earnings**

You can request earnings information from the record of someone else if that person tells us in writing to give the information to you. This writing or "authorization" must be presented to us within 60 days of the date it was signed by that person.

3. **A Deceased Person's Earnings**

You can request earnings information from the record of a deceased person if you are the legal representative of the estate, a survivor (that is, the spouse, parent, child, divorced spouse of divorced parent), or an individual with a material interest (example-financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

Proof of death must be included with your request. Proof of appointment as representative or proof of your relationship to the deceased must also be included.

YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply.
You may also pay by check or money order.

Please fill in all the information below and return this form along with your request to:

Social Security Administration
Division of Earnings Record Operations
P.O. Box 33003
Baltimore Maryland 21290-3003

Exception:
If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration
Division of Earnings Record Operations
300 N. Greene St.
Baltimore Maryland 21290-0300

Note: Please read Paperwork/Privacy Act Notice

CHECK ONE →	<input type="checkbox"/> Visa <input type="checkbox"/> American <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Diners Card
Credit Card Holder's Name → (Enter the name from the credit card)	First Name _____ Middle Initial, Last Name _____
Credit Card Holder's Address →	Number & Street _____ City, State, & Zip Code _____
Daytime Telephone Number →	Area Code _____ Telephone Number _____
Credit Card Number →	_____ - _____ - _____ - _____
Credit Card Expiration Date →	Month _____ Year _____
Amount Charged →	_____
Credit Card Holder's Signature →	_____
DO NOT WRITE IN THIS SPACE OFFICE USE ONLY	
Authorization	
Name _____ Date _____	
Remittance Control # _____	

PRIVACY ACT NOTICE

The Social Security Administration (SSA) has authority to collect the information requested on this form under section 205 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out this form if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security Office.

APPENDIX B
COMPANY HISTORY ABOUT PRODUCTS CONTAINING ASBESTOS

United States Gypsum Company is a subsidiary of USG Corporation. United States Gypsum Company was formed in 1901 and is in the business of manufacturing and selling building products. Some of the building products manufactured and sold by United States Gypsum Company from 1920 through 1978 contained asbestos. Products that may have contained asbestos during this period include some wall and ceiling plasters, spray fireproofing, fire-rated ceiling tiles, decorative textures, joint compound, and industrial insulation. Most of these products did not contain asbestos at all times from 1920 through 1978. No product contained asbestos as part of the product formulation after 1978.

A list of trade names of products manufactured by United States Gypsum Company during the period from 1920 through 1978 that may have contained asbestos includes, but may not be limited to, the following:

A-B Tex Texture Paint	RED TOP Firecode D Plaster
ACOUSTONE 120 Ceiling Tiles	RED TOP Firecode "V" Plaster
ACOUSTONE 180 Ceiling Tiles	RED TOP Gypsum Plaster
AUDICOTE Acoustical Plaster	RED TOP Patching Plaster
Aggregated Spray Finish, White	RED TOP Sanded Wall Plaster
CHINA GLAZE Siding	RED TOP Strucolite Plaster
Column Fire Board	RED TOP Trowel Finish
Concrete Ceiling Texture	RED TOP Wood Fiber Plaster
DURABOND Joint Compound	REGENCY Shingles
Exterior Texture Wallboard Finish	SABINITE Acoustical Plaster
Fire Door Coreboard	SHEETROCK Radiant Heat Filler-Machine Application
Hi-LITE Acoustical Plaster	SHEETROCK Radiant Heat Simulated Acoustical Texture
IMPERIAL "QT" (Spray) Texture Finish	Simulated Acoustical Spray Texture/Finish
KEMIDOL Joint Compound	Special Texture Paint
K-FAC 19 Block Insulation	SPRAYDON Powercote
K-FAC Block Insulation	SPRAYDON Standard A
MAYFAIR Shake Siding	SPRAYDON Standard G
Multi-Purpose Texture Finish	STRUCTOLITE Plaster
ORIENTAL Exterior Finish Stucco	Superhard Spray Texture Finish
ORIENTAL Interior Finish	SUPERTITE Roofing Products
PAC-TEX Texture Paint	TEXOLITE Block Filler
PERF-A-TAPE Joint Compound	TEXOLITE Dry Fill
PYROBAR Mortar Mix	TEXOLITE Drywall Surfacer
USG "QT" Simulated Acoustical Spray Texture	TEXTONE Texture Finish
Ready-Mixed Imperial "QT" Simulated Acoustical	THERMALUX Radiant Heating Panels
Spray Texture	USG Joint Compound
RED TOP Acoustical Plaster	Wainscoat Trowel Finish Plaster
RED TOP BONDCRETE Plaster-Basecoat	
RED TOP Cover Coat Finish Plaster	

United States Gypsum Company also manufactured other products in the following generic categories that may have contained asbestos:

Adhesives	Joint Compound
Asbestos Board	Pipecovering
Asbestos Paper	Roofing Products
Insulating Cement	Cement Siding Shingles

USG Corporation was formed in 1985 and is the parent company of various debtors in this chapter 11 proceeding. USG Corporation has never manufactured or sold any building products. Various subsidiaries of USG Corporation manufactured or sold building products that contained asbestos at various times in the past.

L&W Supply Company, a subsidiary of USG Corporation, is a distributor of building materials manufactured by United States Gypsum Company and other companies. L&W Supply Company was created in 1971 as a subsidiary of United States Gypsum Company and, since 1985, has been a subsidiary of USG Corporation. In the 1970s, some of the products distributed by L&W Supply Corporation, primarily joint compound and roofing materials, contained asbestos. Since its formation in 1971, L&W Supply Company distribution centers have operated under different business names in different locations. A list of these business names is available on the USG claims website at http://www.usgclaims.com/LandWbusiness_names.asp.

Beadex Manufacturing, LLC, a subsidiary of United States Gypsum Company, manufactured and sold joint compound containing asbestos from 1963 through 1978. Distribution of products that contained asbestos is believed to have been limited to Washington, Oregon, Idaho, Alaska, and possibly Colorado.

USG Interiors, Inc., a subsidiary of USG Corporation, was formed in 1986. USG Interiors has manufactured mineral fiber ceiling tiles and suspension systems, mineral fiber insulation, access floors, and wall partition systems. None of the products manufactured or sold by USG Interiors contained asbestos as part of the product formulation.

APPENDIX C
STANDARD OCCUPATIONAL CLASSIFICATION CODES¹

Healthcare Practitioners and Technical Occupations		Production Occupations
1. Dentists, General		57. Millwrights
Protective Service Occupations		58. Mobile Heavy Equipment Mechanics, Except Engines
2. Fire Fighters		59. Motorcycle Mechanics
Building and Grounds Cleaning and Maintenance Occupations		60. Rail Car Repairers
3. Janitors and Cleaners, Except Maids and Housekeeping Cleaners		61. Refractory Materials Repairers, Except Brickmasons
Construction and Extraction Occupations		62. Riggers
4. Asbestos Removal Workers ²		63. Valve Repairers ²
5. Boilermakers		64. Cabinetmakers and Bench Carpenters
6. Brickmasons and Blockmasons		65. Chemical Equipment Operators and Tenders
7. Carpenters		66. Coating, Painting, and Spraying Machine Setters, Operators, and Tenders
8. Carpet Installers		67. Crushing, Grinding and Polishing Machine Setters, Operators and Tenders
9. Cement Masons and Concrete Finishers		68. Cutters and Trimmers, Hand
10. Construction and Building Inspectors		69. Cutting, Punching, and Press Machine Setters, Operators, and Tenders, Metal and Plastic
11. Construction Laborers		70. Dental Laboratory Technician
12. Continuous Mining Machine Operators		71. Engine and Other Machine Assemblers
13. Drywall and Ceiling Tile Installers		72. Foundry Mold and Coremakers
14. Drywall Finishers (Tapers)		73. Gas Plant Operators
15. Electricians		74. Lay-Out Workers, Metal and Plastic
16. Elevator Installer & Repairers		75. Machinists
17. First-Line Supervisors/Managers of Construction Trades and Extraction Workers		76. Metal-Refining Furnace Operators and Tenders
18. Floor Layers, Except Carpet, Wood, and Hard Tiles		77. Mixing and Blending Machine Setters, Operators, and Tenders
19. Floor Sanders and Finishers		78. Molders, Shapers, and Casters, Except Metal and Plastic
20. Glaziers		79. Painting, Coating and Decorative Worker
21. Hazardous Materials Removal Workers		80. Petroleum Pump System Operators, Refinery Operators, and Gaugers
22. Helpers – Brickmasons, Blockmasons, Stonemasons, and Tile and Marble Setters		81. Pourers and Casters, Metal
23. Helpers – Electricians		82. Power Plant Operators
24. Helpers – Extraction Workers		83. Prepress Technicians and Workers
25. Helpers – Painters, Paperhanglers, Plasterers, and Stucco Masons		84. Printing Machine Operators
26. Helpers – Pipelayers, Plumbers, Pipefitters, and Steamfitters		85. Sawing Machine Setters, Operators, and Tenders, Wood
27. Insulation Workers		86. Stationary Engineers and Boiler Operators
28. Mine Cutting and Channeling Machine Operators		87. Structural Metal Fabricators and Fitters
29. Miner ¹²		88. Textile Cutting Machine Setters, Operators and Tenders
30. Operating Engineers and Other Construction Equipment Operators		89. Textile Knitting and Weaving Machine Setters, Operators and Tenders
31. Painters, Construction and Maintenance		90. Textile Winding, Twisting, and Drawing Out Machine Setters, Operators, and Tenders
32. Paperhanglers		91. Tool and Die Makers
33. Pipelayers		92. Welders, Cutters, Solderers, and Brazers
34. Plasterers and Stucco Masons		93. Welder, Production Line ²
35. Plumbers, Pipefitters, and Steamfitters		94. Welding, Soldering, and Brazing Machine Setters, Operators and Tenders
36. Rail-Track Laying and Maintenance Equipment Operators		
37. Reinforcing Iron and Rebar Workers		
38. Rock Splitters, Quarry		
39. Roof Bolters, Mining		
40. Roofers		
41. Service Unit Operators, Oil, Gas, and Mining		
42. Sheet Metal Workers		
43. Stonemasons		
44. Structural Iron and Steel Workers		
45. Terazzo Workers and Finishers		
46. Tile and Marble Setters		
Installation, Maintenance, and Repair Occupations		
47. Automotive Service Technicians and Mechanics		
48. Boiler House Mechanics ²		
49. Bus and Truck Mechanics and Diesel Engine Specialists		
50. Control Valve Installers and Repairers, Except Mechanical Door		
51. Electrical and Electronics Repairers, Powerhouse, Substation, and Relay		
52. Fabric Menders, Except Garment		
53. Heating, Air Conditioning, and Refrigeration Mechanics and Installers		
54. Industrial Machinery Mechanics		
55. Maintenance and Repair Workers, General		
56. Maintenance Workers, Machinery		
Transportation and Material Moving Occupations		
95. Cleaners of Vehicles and Equipment		
96. Conveyor Operators and Tenders		
97. Crane and Tower Operators		
98. Excavating and Loading Machine and Dragline Operators		
99. Industrial Truck and Tractor Operators		
100. Laborers and Freight, Stock, and Material Movers, Hand		
101. Loading Machine Operators, Underground Mining		
102. Locomotive Engineers		
103. Locomotive Firemen		
104. Pump Operators, Except Wellhead Pumpers		
105. Rail Yard Engineers, Dinkey Operators, and Hostlers		
106. Railroad Conductors and Yardmasters		
107. Railroad Car Inspectors ²		
108. Sailors and Marine Oilers		
109. Ship Engineers		
110. Shuttle Car Operators		
111. Tank Car, Truck, and Ship Loaders		
112. Transportation Inspectors		
113. Truck Drivers, Heavy and Tractor Trailer		
114. Truck, Drivers, Light or Delivery Service		
115. Other (please specify)		

¹ Codes are based on U.S. Department of Labor, Bureau of Labor Statistics, List of Standard Occupation Classifieds, found at http://stats.bls.gov/oes/1999/oes_stru.htm unless otherwise indicated.

² Codes are based on U.S. Department of Labor, Dictionary of Occupational Titles, Fourth Edition, Revised 1991 found at <http://www.oalj.dol.gov/public/dot/refnrc/dotalpha.htm> with definitions at <http://www.oalj.dol.gov/libdot.htm#definitions>.

APPENDIX D
STANDARD INDUSTRY CLASSIFICATION CODES³

- A. Agriculture, Forestry & Fishing
- B.1 Mining & Milling (asbestos)
- B.2 Mining & Milling (non-asbestos)
- C. Construction
 - D.1 Manufacturing – Asbestos Containing Products
 - D.2 Manufacturing – Boilers
 - D.3 Manufacturing – Chemicals
 - D.4 Manufacturing – Insulation (asbestos containing)
 - D.5 Manufacturing – Insulation (non-asbestos containing)
 - D.6 Manufacturing – Petroleum Refining and Related Industries
 - D.7 Manufacturing – Plastic Products
 - D.8 Manufacturing – Rubber
 - D.9 Manufacturing – Textiles (asbestos containing)
 - D.10 Manufacturing – Textiles (non-asbestos containing)
 - D.11 Manufacturing – Transportation Equipment (other than shipbuilding or shipbreaking)
 - D.12 Manufacturing – Transportation Equipment (shipbuilding or shipbreaking)
 - D.13 Manufacturing – Other (please specify product)
- E.1 Transportation – Electric, Gas, and Sanitary Services
- E.2 Transportation – Railroad
- E.3 Transportation – Water
- E.4 Transportation – Other (please specify)
- F. Wholesale Trade
- G. Retail Trade
- H. Finance, Insurance, and Real Estate
- I.1 Services – Automotive Repair
- I.2 Services – Miscellaneous Repair
- I.3 Services – Other (please specify)
- J. Public Administration
- K. Military (Non-Navy)
- L. Navy
- M. Other (please specify)

³ Codes are based on OSHA, U.S. Department of Labor, Standard Industry Classifications, Division Structure, at <http://www.osha.gov/oshstats/sicser.html>.